

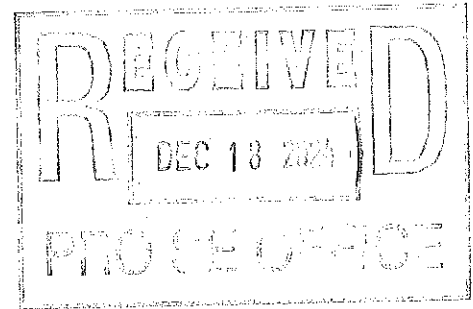
TO: Pro-se Intake Unit
Southern District of N.Y.

22-CV-1458
23-CV-2102
21-CV-10371

12/11/24

FROM: Kwaine Thompson DIN# 23B0962

Marcy Corr Facility
Box 3600
Marcy, NY, 13403



TO: Judge Katherine Parker

I writing to know what happened to my dec, 8th
telephone conference? And in court order was given
for a reschedule ment?

Also the Mediator did she contact this court? Her
NAME IS Rebecca, My pro-bono attorney

Sami Elamad said she works for
Will McDermot
not really sure of the firm.

Thanks.

Sincerely

P.S

I still haven't
got my

Hearing Aids
Replaced

Even though I got fitted
for a pair 6 months ago.

K. Thompson
23B0962

Revised (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

COPY LOCALLY
AS NEEDED

REQUEST FOR REASONABLE ACCOMMODATION

Marcy Correctional Facility

Inmate's Name Kwa'ne Thompson	DIN# 23B0562	Date 11/8/24	C-132
INMATE'S REQUEST	I request reasonable accommodation to participate in the following program and/or service: TTY phone		
	I am limited in my ability to (explain disability or limitation). HARD OF HEARING D.O.C.C.S LOST MY HEARING AIDS WHEN THEY LOST MY PROPERTY ON 9/10/24		
	The accommodation requested is: TTY phone		
	(Sign and forward to the Deputy Superintendent for Program Services) K. Thompson Inmate's Signature		
REC'D BY DSP	C. Spina (DSP Name)	C. Spina (Signature)	11-8-24 Date
MEDICAL VERIFICATION	Disability As above		
	Functional limitations None		
	No medical verification is on file. Follow-up appointment scheduled? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
	Date inmate notified of pending medical evaluation/consult. 11/15/24 X (Medical staff name - title) _____ (Signature) _____ Date _____		
REASONABLE ACCOM. DETERMINATION	The above requested reasonable accommodation has been: <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input checked="" type="checkbox"/> Denied		
	The specific accommodations approved are: pending determination of audiologist evaluation.		
	Explanation of modification or denial: resubmit request upon completion of audiologist evaluation.		
	K.T. (Inmate's Signature)	K.T. (DSP or designee signature)	11/26/24 Date
INMATE RECEIPT	<input type="checkbox"/> I agree <input checked="" type="checkbox"/> I disagree with this determination.		
	I understand my right to file a grievance in accordance with Directive #4040, "Inmate Grievance Program" Signature K.T. Date 11/27/24		

Original - Guidance Folder
Copies - Inmate, Superintendent, Medical, Parole, ADA Coordinator (Central Office)

MARCY CORRECTIONAL FACILITY
BOX 3600
MARCY, N.Y. 13403-3600

NAME: John Aogel DIN: 2482405

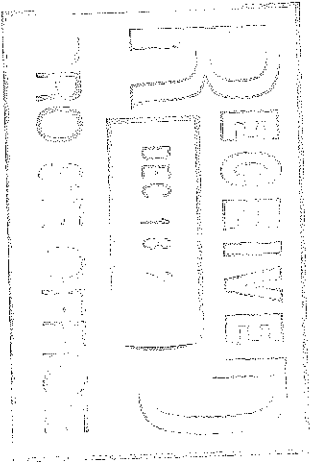
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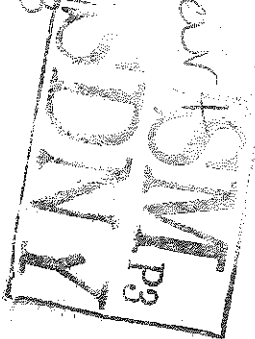
Correctional Facility



ZIP 13403
041L11259879



Pro-se Intake Unit
Southern District Federal Courthouse
500 Pearl St
New York, NY 10013



10007-133093

